



COPY OF PAPERS
ORIGINALLY FILED

Exhibit 1

enter the date in the square adjacent thereto) and insert your name and CIN CAPITALS

Dated:		Inventor's Signature: Ian DOD	
FULL NAME OF INVENTOR:	Last name: DOD	First Name: Ian	Middle Name:
RESIDENCE & CITIZENSHIP:	City:	State or Foreign Country:	Country of Citizenship: GREAT BRITAIN
POST OFFICE ADDRESS:	Street & No: ←	City:	State or Country: Zip Code:

Dated: 4/11/98 (4TH NOVEMBER 1998)		Inventor's Signature: Paul S. Hardwick	
FULL NAME OF INVENTOR:	Last name: HARDWICK	First Name: Paul	Middle Name: Simon
RESIDENCE & CITIZENSHIP:	City: CAMBRIDGE	State or Foreign Country: CAMBRIDGESHIRE, U.K.	Country of Citizenship: GREAT BRITAIN
POST OFFICE ADDRESS:	Street & No: 25 HOLBROOK ROAD	City: CAMBRIDGE	State or Country: CAMBS, U.K. Zip Code: CB14 5X

Dated:		Inventor's Signature:	
FULL NAME OF INVENTOR:	Last name:	First Name:	Middle Name:
RESIDENCE & CITIZENSHIP:	City:	State or Foreign Country:	Country of Citizenship:
POST OFFICE ADDRESS:	Street & No:	City:	State or Country: Zip Code:

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